Student's Signature

S/comm.dis./practicum/information session/All Practicum Requirement Packet



Department of Communication Disorders

University Park, IL 60484-0975

Date

STUDENT EMERGENCY CONTACT RELEASE OF INFORMATION 9/27/2017

Student's phone number: Home: Cell:			
Emergency contact: (name/relationship)			
Emergency number for above:			
Item	Yes	No	Location of the Documents
Criminal Background check through			With student and
www.castlebranch.com			GSU student file
Proof of liability insurance			With student and
			GSU student file
Measles, mumps, rubella(MMR) and varicella			With student and
(chicken pox) immunizations or titre report			GSU student file
Hepatitis B immunization or declination			With student and
2-step TB test or X-ray report			GSU student file With student and
2-step 1B test of A-ray report			GSU student file
Proof of health insurance			With student and
1 1001 of hearth mountainee			GSU student file
Photocopy of GSU ID			With student and
			GSU student file
CPR card			With student and
			GSU student file
HIPAA certificate of completion			With student and
			GSU student file
Blood borne Pathogens certificate of			With student and
completion			GSU student file
Certificate of Completion of Illinois			With student and GSU student file
mandated online training: Recognizing			GSO student file
and Reporting Child Abuse			
GSU Transcripts			With student and
ADA assemble detions moded			GSU student file
ADA accommodations needed			□ attached □ not applicable
I authorize the Governors State University Department of Communication Disorders to release a copy of the above listed documents, as may be requested by the fieldwork site to which I am assigned.			